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APPLICANTS

HAI BUI, FOUNTAIN VALLEY, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/18/1999

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|---------------------------------|--|-------------------------------------|-------------------|-----------------|-----------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | CA | 1 | 32 | 28 |
| Verified and Acknowledged | Allowance <i>duar</i> | Examiner's Signature <i>duar</i> | Initials | | 5 |

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TITLE

CONSTANT OCULAR PRESSURE ACTIVE INFUSION SYSTEM

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|-----------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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